## STATE OF COLORADO APPLICATION FOR CHEMIGATION PERMIT(S)

600

Complete all information requested and return to:

Colorado Department of Agriculture Division of Plant Industry 700 Kipling Street, Suite 4000 Lakewood, Colorado 80215-8000

Telephone: 303-239-4149 Please print in ink or type Name of Owner: Address: (Street or P.O. Box No.) (County) (Zip Code) (Telephone No.) (State) Person to Contact: \_\_\_\_\_ Address: (Street or P.O. Box No.) (County) (Telephone No.) (City) (State) (Zip Code) The Colorado Department of Agriculture has contracted with a number of Ground Water Management Districts (GWMD) for the enforcement of the Colorado Chemigation Law. The permit fee for systems located within a contracting district is thirtyfive (\$35.00) for each system and thirty-five (\$35.00) for those outside the boundaries of the cooperating GWMD. Please list GWMD (if any) and county in which your irrigation system(s) are located along with the corresponding permit fee. Refer to backside for county code numbers and GWMD code numbers. **GWMD** Legal description of injection site(s): County Permit Code # Code # Fee \_\_\_\_\_\_ 1/4 of \_\_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_ ¼ of \_\_\_\_ Section \_\_\_\_ Township \_\_\_\_ Range \_\_\_\_\_\_1/4 of \_\_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ ¼ of \_\_\_\_\_ Section \_\_\_\_ Township \_\_\_\_ Range 1/4 of Section Township Range In compliance with the Colorado Chemigation Act Section 35-11-107, C.R.S., any irrigation distribution system through which chemigation is performed, except open discharge systems, shall be equipped with the backflow prevention devices specified below. The equipment shall be permanently installed in accordance with the manufacturer's specifications. 1. Irrigation Line Check Valve 2. Vacuum Relief Valve 3. Inspection Port 4. Low Pressure Drain 5. Chemical Injection Line Check Valve 6. Interlock The equipment required in the chemigation rules and regulations shall be maintained in working condition during all times of chemigation. When required, the equipment shall be repaired to its originally designed condition. Signature \_\_\_\_\_ Date \_\_\_\_\_ The business is operating as a: Sole Proprietorship Partnership Corporation Other - Describe

List the person authorized to receive and accept service of summons and legal notices of all kinds for the applicant in the

state of Colorado. (Name, title and complete address)

Name \_\_\_\_\_

Address